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Your Ref: Appln No. 10/810,561

Date: February 1, 2006

Our Ref: 1306-01

FROM: Gerald A. Gowan

TO: Company: USPTO

Attention: _____

Fax #: 571-273-8300

OF PGS INCL COVER: 5

COMMENTS:

Re: **US Patent Application No. 10/810,561 - Inventor: COOK**
"SLUMBER BAG"

Includes:

Fax cover Sheet - 1 page

Transmittal Form - 1 page

Revocation of Power of Attorney and Change of Correspondence Address - 1 page

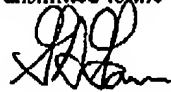
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Regn. No. 37041

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PTO/SB/21 (09-04)

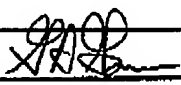
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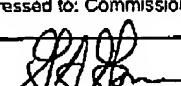
TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	10/810,561
	Filing Date	March 29, 2004
	First Named Inventor	COOK
	Art Unit	
	Examiner Name	
Total Number of Pages in This Submission	Attorney Docket Number	1308-01

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input checked="" type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): "Fee Address" Indication Form
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Firm Name	Gowan Intellectual Property		
Signature			
Printed name	Gerald A. Gowan		
Date	Feb 1 / 06	Reg. No.	37,041

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Typed or printed name	Gerald A. Gowan	Date	Feb 1 / 06

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PTO/SB/82 (04-05)

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**REVOCATION OF POWER OF
ATTORNEY WITH
NEW POWER OF ATTORNEY
AND
CHANGE OF CORRESPONDENCE ADDRESS**

Application Number	10/810561
Filing Date	March 29, 2004
First Named Inventor	COOK
Art Unit	n/a
Examiner Name	n/a
Attorney Docket Number	1306-01

I hereby revoke all previous powers of attorney given in the above-identified application.

☐ A Power of Attorney is submitted herewith.

OR

☒ I hereby appoint the practitioners associated with the Customer Number:

58388

☒ Please change the correspondence address for the above-identified application to:

☒ The address associated with
Customer Number:

58388

OR

☐ Firm or
Individual Name

Address

City

State

Zip

Country

Telephone

Email

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Signature

Name

Teresa Cook

Date

Dec 2/05

Telephone

905-846-0698

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

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Date



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905-827-5000

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